

Change of the Type of Disease.

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tous; circular spots of a purple hue; purpura, and an enlargement of the abdomen from dropsical effusions. She died in about a week after the supervention of these unfavorable symptoms on the 8th of September.

Autopsy.—The next day, aided by Drs. Shelton and Carter, I made a post-mortem examination, commencing the *sectio cadaveris* by an incision at the scrobiculis cordis, and running down to the left and right hypochondriac regions, thus making a V-shaped incision of the abdominal integument and muscles, which I everted, and exposed an enormously enlarged liver, with a small circumscribed adhesion to the anterior parietes of the abdomen. The liver presented a nodulated surface prior to death, which had disappeared on dissection. We attributed the subsidence of these inequalities, *detectable* by the *touch*, to the rapid decomposition that took place. It was augmented to four or five times its natural size, presenting a mass of granular degeneration, containing dark circumscribed spots, which I was *inclined* to pronounce melanosis of the liver.

Not being satisfied that this was the only organ involved in the disease, I pursued my investigations further; and upon an examination of the pancreas, I found it converted into a hard tumor about the size of a turkey's egg, and cutting with the crispness of an Irish potato. I now felt satisfied in regard to my *strongest conjecture*, viz., that she was laboring under a scirrhus affection. I was induced to entertain this opinion from the lancinating and paroxysmal character of the pains that tortured her, and made her life a burden, from which she seemed anxious to be liberated; but I could not before ascertain the extent and number of the organs involved in the disease.—*New Jersey Medical Reporter.*

CHANGE OF THE TYPE OF DISEASE.

BY G. L. COLLINS, M.D., PROVIDENCE, R. I.

[Communicated for the Boston Medical and Surgical Journal.]

THE following communication, in relation to a "change of the type of disease," has recently been received in a letter from Dr. Caleb Williams, of York, Eng. The subject is one to which he seems to have devoted considerable attention, and upon which he is desirous of learning the views of American practitioners. We know of no better plan for forwarding his wishes than to lay his communication before the medical public, hoping thereby to elicit the opinions of such of our profession as are best qualified to speak upon this interesting subject.

Dr. Williams states that the subject has scarcely been noticed in their medical journals, and little thought of by the routine practitioner, notwithstanding the great change which has taken place in the character of disease, as well as in the ordinary treatment employed.

"In the course of the last thirty years," says Dr. W., "a great change has taken place in the type of all diseases throughout Great Britain and Ireland, and I am anxious to ascertain whether a similar change has been observed in the United States, as well as on the Continent of Europe, within the same period. The change in this country

has been from the inflammatory to the adynamic type. The *genus epidemicus*, a term used by some Continental physicians, in 1820 being truly inflammatory, phlogistic or sthenic ; in 1850 it being altogether different, of a low type, of an adynamic or asthenic character. Thirty years ago almost every disease assumed this sthenic character, and consequently required and bore depletion by bloodletting, purging, and a rigorous system of diet. At the present day we scarcely see a case of acute inflammation ; and almost every morbid condition, whether it falls within the province of the physician or surgeon, partakes more or less of an asthenic character. Hence warm diaphoretics, cordials, opiates, tonics and stimulants, have been of late the means of cure most in requisition amongst us. To quote my own words from a paper I read before the York Medical Society—‘ The physician is *now* occupied in sustaining the power of the constitution, whilst thirty years ago he was intent only on curing the disease.’ In illustration of what I have said, I will refer to pneumonia or pleuro-pneumonia. Twenty-five or thirty years ago, an ordinary case of pleuro-pneumonia would present the following symptoms :—Severe pain in the side, great difficulty in breathing, bloody sputa, anxiety of countenance, a hot and dry skin, white tongue ; a quick, hard and firm pulse, and high-colored urine. The patient would be bled several times from the arm, leeches and blisters would be applied, calomel and saline purgatives would be freely administered, and tartar emetic given in repeated doses. This mode of practice was required by the symptoms, and was tolerated by the constitution. The convalescence was usually rapid, and the recovery complete. The cases of pleuro-pneumonia of the present day present a very different aspect ; there is little anxiety of countenance, little pain, no marked difficulty of breathing, the skin is moist and raised but little above the natural temperature—the pulse does not exceed 84 or 90, is soft and compressible—the stethoscope, however, reveals great dulness over a large portion of the affected side, and percussion contributes to show great congestion, infarction or consolidation of the lung of that side. If these cases are seen early, confinement to bed, stimulating diaphoretics, warm drinks, with the addition of aromatics and a little wine, and the application of sinapisms or warm turpentine to the affected side, are the remedies which prove the most beneficial. If the patient be very vigorous, three or four doses of calomel and James’s powder are required in addition to the above ; but the continued use of these lowering remedies uniformly produces great feebleness and exhaustion. If the case is of some standing, that is, has existed two or three weeks, the mild and continued use of mercury and iodine, with counter-irritation and a nourishing diet, are needful to restore the patient to health. When bleeding, purging and other lowering measures have been employed, the patients have either sunk (from the *remedies*, not from the *disease*), or there has been a protracted convalescence, during which ammonia, wine, and a very nourishing diet, have been required. This character of disease resembles an epidemic typhoid-pneumonia mentioned by Auteureith, which prevailed in many parts of Germany during the years 1800–1–2, in which, he says, ‘ the speedy production of an inflammatory state, by means of

bark and ether, was the only method which afforded a chance of recovery.' * * * *

"In this country the change in the mode of treatment may be said to be all but universal; but there is some difference of opinion with regard to the causes which have led to this change. The more enlightened and scientific practitioners agree with me in the opinion that it arises from a change in the nature and type of the diseases we have to treat; whilst many others think it arises from some supposed improvement in our mode of treating disease. It is true, we now-a-days prescribe the rectified oil of turpentine in hæmoptysis, and in a majority of cases find it the most successful remedy; but a little consideration and a careful comparison of the accompanying symptoms, as now observed, with those we witnessed thirty years ago, is sufficient to satisfy every impartial inquirer that the medicine, which is now so useful, would have been very prejudicial on the former occasion.

"We have no recent writings on the subject in this country. Dr. Auteureith's work on the state of medicine in Great Britain, written about twenty years ago, is the only work with which I am acquainted, that enters fully into the changes which have been observed within the last fifty or seventy years; and I regret that his valuable work has never been translated into English. * * * *

"The diseases of cattle have undergone a similar change within the same period. Bleeding, which was generally adopted twenty-five or thirty years ago, is rarely employed at the present day; and when resorted to by the ignorant and routine cattle doctors, it is usually followed by a fatal result—the post-mortem examination exhibiting the results of intense congestion, and not inflammation."

NOTES FOR A MEMOIR ON THE PATHOLOGY OF DENTO-NEURALGIA.

BY A. C. CASTLE, M.D., NEW YORK.

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CHAPTER I.

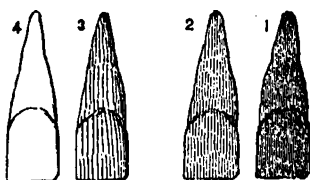
IN my "Notes on the Pathology of the Teeth," I have divided the teeth into four classes or groups, according to their physical appearance, in connection with, and significant of, the peculiar diathesis and pathological predisposition of the individual.

I. The large dense yellow teeth.

II. The dense yellowish white teeth.

III. The chalk-white teeth, the yellow transparent teeth, and the yellow chalky teeth.

IV. The transparent white teeth, and the bluish white or pearly teeth.



As I have already observed, the possessors of the firm large dense (fig. 1) yellow teeth are blessed with a sound constitution and vigorous health, a firmly knitted frame and great muscular strength, with the out-